																					
·				Application or Docket Number																	
	PATENI	APPLICATIO Effect	RD																		
			SMALL ENTITY TYPE			OTHER SMALL															
TC	OTAL CLAIMS		8	·			RA	ΤĒ	FEE	1	RATE	FEE									
FC)R		NUMBER	NUMBER FILED		NUMBER EXTRA		FEE	385.00	OR	BASIC FEE	770.00									
TC	OTAL CHARGE	ABLE CLAIMS	∬ mir	/ minus 20=			×s	9=		OR	X\$18=										
INE	DEPENDENT CI	LAIMS	1/mi	7 · minus 3 =				3=		OR	X86=										
MU	ILTIPLE DEPEN	NDENT CLAIM PR	RESENT				+14	5=		OR	+290=										
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in (column 2	TOT	AL		OR	-	776									
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							ALL I	ENTITY	OR	OTHER SMALL E										
AMENDMENT A	5/25/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RAT	ſΈ	ADDI- TIONAL FEE] , [RATE	ADDI- TIONAL FEE									
MON	Total	. 7	Minus	#2 A		= /	XS 9	9=		OR	X\$18=										
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	6. <		•	•)TAL		OP	TOTAL										
		(0.1 1)							لِـــــا	OR	ADDIT. FEE										
		(Column 1) CLAIMS		(Colum		(Column 3)	_			4 1											
ENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
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		(Column 1)	· · ·	(Colum		(Column 3)		_		ľ											
AMENDMENT C		REMAINING AFTER AMENDMENT	. •••	NUMB PREVIOUS PAID F	BER BUSLY	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
Ž	Total	*	Minus	** .		= .	X\$ 9	-		OR	X\$18=	ı									
AME	Independent	<u> </u>	Minus	***		<u> -</u>	X43:	_		OR	X86=										
~	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						· —	\dashv	 f`	~'` }											

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

+290=

TOTAL OR ADDIT. FEE

+145=